

## IDAHO MILLENNIUM FUND APPLICATION

### I. Executive Summary

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Tobacco use is the leading cause of preventable death in the United States. The majority of daily smokers began smoking before 18 years of age, and more than 13,000 of these youth in Idaho become new daily smokers each year, leading to our state having more than 188,000 adult smokers.

Our purpose is to reduce the number of youth who start to smoke, thereby reducing tobacco use at all ages. The Teens Against Tobacco Use (T.A.T.U.) program is a peer led-teacher model where a tobacco-free teen helps educate younger children so they will make the healthy choice to stay tobacco free and be an advocate for tobacco control in their community.

In 2002, the first year we were funded by the Millennium Income Fund, we exceeded our grant goals and reached almost 20,000 Idaho students. In the three years since we continue to reach Idaho classrooms with T.A.T.U. being implemented in over 25 school districts and 18 counties. We are in large districts such as Meridian, Boise, and Coeur d'Alene, as well as small districts such as Shelly, North Gem, Grace, and Homedale. In the current grant year we have partnered with State Health Districts, further enabling us to reach a wider range of counties and diverse communities throughout the state.

The period of this funding request is for the twelve months beginning July 1, 2007, through June 30, 2008. Our goal is to continue to provide our youth prevention programs to reach elementary school students and teens statewide.

The total project budget cost is \$130,265.00.

We are requesting funding support to sustain and expand this effort in 2007-08 for \$82,140.00 from the Millennium Fund.

## II. Proposal

### A. Organizational Background

1. The American Lung Association of Idaho (ALAI) is part of the nation's oldest voluntary health organization. The American Lung Association has been working for more than 100 years to prevent lung disease and promote lung health.

The ALAI began operation in 1915. On July 1, 2005, the ALAI entered into a partnership with the American Lung Association of Washington (ALAW) forming a new entity – the American Lung Association of Idaho/Washington. This partnership allows each state to direct more of their funds toward program services, while sharing the cost of administration.

In January of 2007, the ALAI and ALAW will complete another merger with the ALA of Alaska to create the entity of the American Lung Association of the Northwest. While each of the three states will continue to focus on the needs of their unique populations, these continuing mergers are focused on providing increased support and services at decreased operating costs. In addition, the organization of the American Lung Association of the Northwest will further enable the three state associations to increase their corporate and major gifts capacity through regional fundraising efforts to support our mission work.

2. Board members, staff and volunteers for the ALAI fight lung disease and promote lung health by: teaching children how to manage their asthma; educating youngsters about the dangers of tobacco; working for tougher air-quality standards in cooperation with State, Federal and private partners; providing support groups for people with lung disease; conducting professional education programs for health care providers, including an annual High Desert Pulmonary Conference; offering a variety of health education materials and attending healthcare events across the state; and raising money for the nation's leading lung disease research. In addition to these mission-based activities, the ALAI is currently developing important media relationships in an effort to further outreach about asthma, lung disease, the effects of air quality on lung health, and smoking-related illnesses through aggressive media placements planned for 2007-08.

3. The Board members representing Idaho are: Tony Park and David Leroy. The board meets quarterly to make decisions concerning all operations of the American Lung Association of the Northwest. Tony Park is also a member of the Board's Executive Committee, which meets monthly to make interim decisions for the Board.

In addition to these formal Board members, in 2007 the ALAI will form a Leadership Council to serve as a statewide advocacy and fundraising volunteer organization. This organization will seek representation from across the state and the diverse communities of Idaho and will include our partners in healthcare, education, and statewide and community-based administration.

The Staff Members of the ALAI are:

- Shawn Shepherd – Executive Director and Senior Vice President of Personal Giving for the Region; responsible for American Lung Association operations in Idaho and for guiding the personal fundraising initiatives across the three-state region.

- Rod Leslie – Regional Director; responsible for American advocacy and fundraising in Idaho.
- Kera Yost – Lung Health Coordinator; responsible for all educational outreach programs in Idaho.
- Christy Keef – Executive Coordinator; responsible for all administrative support and communications outreach of the organization.
- Tobacco Education Coordinator – (New Hire) based on funding, this post will be responsible for T.A.T.U. coordination, as well as other tobacco-related education programs in Idaho.

#### 4. Budget

Following is the budget for the American Lung Association of Washington/Idaho for 2005-2006 and 2006-2007. The budget for the American Lung Association of the Northwest for 2007-08 is currently under development as part of the merger process in which we are currently engaged (note: this will be the merger of Washington-Idaho-Alaska into a unit of approximately an \$8 million budget). Support for strategic goal areas comes through grant funding, private giving, state support, and fees for services. The budget presents the strong reliance on fundraising efforts to support our mission-based programs.

	<u>Approved</u>	<u>Projected</u>	<u>Proposed</u>
<i>STRATEGIC GOAL</i>	<b>2005/2006</b>	<b>2005/2006</b>	<b>2006/2007</b>
	<b>Budget</b>	<b>Budget</b>	<b>Budget</b>
<b>ASTHMA</b>			
Revenue	251,000	270,181	299,350
Expenses	(479,154)	(545,212)	(523,811)
<b>Net</b>	<b>(228,154)</b>	<b>(275,031)</b>	<b>(224,461)</b>
<b>TOBACCO CONTROL</b>			
Revenue	455,798	484,223	565,148
Expenses	(427,994)	(435,950)	(513,524)
<b>Net</b>	<b>27,804</b>	<b>48,273</b>	<b>51,624</b>
<b>AIR QUALITY/ENV HEALTH</b>			
Revenue	212,300	213,459	224,540
Expenses	(209,190)	(224,156)	(221,782)
<b>Net</b>	<b>3,110</b>	<b>(10,697)</b>	<b>2,758</b>
<b>RESOURCES</b>			
<b>Supporting Programs</b>			
Revenue	15,000	36,505	80,000
Expenses	(115,472)	(139,607)	(183,306)
<b>Net</b>	<b>(100,472)</b>	<b>(103,102)</b>	<b>(103,306)</b>
<b>Departments</b>			
Revenue	3,000	8,756	12,500
Expenses	(351,323)	(394,780)	(487,018)
<b>Net</b>	<b>(348,323)</b>	<b>(386,024)</b>	<b>(474,518)</b>

<b>Administration</b>			
Revenue	15,000	5,000	5,000
Expenses	(823,931)	(899,207)	(1,145,041)
<b>Net</b>	<b>(808,931)</b>	<b>(894,207)</b>	<b>(1,140,041)</b>
<b>DEVELOPMENT</b>			
<b>Direct Mail</b>			
Revenue	791,500	936,873	927,955
Expenses	(467,533)	(520,949)	(523,076)
<b>Net</b>	<b>323,967</b>	<b>415,925</b>	<b>404,880</b>
<b>Major &amp; Planned Gifts</b>			
Revenue	365,000	665,000	828,000
Expenses	(125,547)	(209,032)	(636,035)
<b>Net</b>	<b>239,453</b>	<b>455,968</b>	<b>191,965</b>
<b>Other Development</b>			
Revenue	136,500	91,551	182,500
Expenses	(15,055)	(12,355)	(37,870)
<b>Net</b>	<b>121,445</b>	<b>79,196</b>	<b>144,630</b>
<b>Special Events</b>			
Revenue	1,473,000	1,471,696	2,021,000
Expenses	(702,154)	(799,199)	(874,165)
<b>Net</b>	<b>770,846</b>	<b>672,497</b>	<b>1,146,835</b>
<b>Other Events</b>			
Revenue	32,000	52,954	52,500
Expenses	(22,723)	(42,587)	(35,100)
<b>Net</b>	<b>9,277</b>	<b>10,367</b>	<b>17,400</b>
<b>Total Revenue</b>	<b>3,750,098</b>	<b>4,236,198</b>	<b>5,198,493</b>
<b>Total Expenses</b>	<b>(3,740,076)</b>	<b>(4,223,034)</b>	<b>(5,180,728)</b>
<b>Net</b>	<b>10,022</b>	<b>13,164</b>	<b>17,766</b>

## **B. Purpose of Request: Goals and Outcomes**

The nationwide American Lung Association's strategic visionary goal is to eliminate tobacco-related lung disease for future generations. A primary strategy to achieve that goal is to provide a prevention program that will teach our youth about the dangers of smoking.

### **Prevention as the Purpose**

1. Tobacco use is the leading cause of preventable death in the United States. The majority of daily smokers (82%) begin smoking before the age of 18. Research has proven that school-based prevention programs are one of the most effective strategies available to reduce youth smoking prevalence. Given that the onset of smoking is believed to be a complex process mediated by several interacting forces including both interpersonal and intrapersonal factors,

prevention programs must attempt to address these complex issues. It is for this reason that social influence programs, such as T.A.T.U., have been developed.

2. T.A.T.U. is a tobacco control intervention program created and licensed by the American Lung Association. T.A.T.U. helps young people ages 14-17 teach 9-12 year-old children to avoid tobacco. By using a peer-led teaching model, middle and senior high school students help educate younger students about the dangers of tobacco use. This gives the elementary students the important information they need to help them begin making the decision not to smoke.

We will provide the T.A.T.U. program to approximately 8,000 Idaho grade school students to help them choose not to smoke in their teen years. In order to achieve this, we will recruit and train 200 teen trainers. These teens will be trained in T.A.T.U. and develop skills to teach and advocate for a tobacco free community, understand and identify the positive aspects of being tobacco free, become aware that tobacco addiction destroys their freedom, and develop self-confidence and the ability to say no.

The short- and long-term changes that we are working toward through this multi-year program effort are as follows:

#### Short-Term Changes

- By continuing to increase the number of youth seeing T.A.T.U. presentations we expect to see a drop in the number of kids who start smoking each year. We expect to reach the CDC's Healthy People Goal: increase the disapproval rate of smoking by adolescents to 95% by 2010.

#### Long-Term Changes

- Reducing the number of youth who start smoking each year will reduce the number of individuals who smoke as an adult for generations to come.
- Reducing the number of youth who start smoking each year will reduce the number of Idahoans who have to live with chronic lung disease.
- Reducing the number of youth who start smoking each year will reduce the number of individuals who die from smoking-related deaths each year in Idaho. (Close to 1,600 people die in Idaho each year from smoking, or second hand smoke.)

### **C. Organizational Capacity**

1. The American Lung Association's strategic goal is to eliminate tobacco related lung disease for future generations. One strategy in accomplishing that goal is to teach youth why not to smoke and how to make other choices. The T.A.T.U. program teaches those skills. The peer education model is well known to be effective for delivering a variety of prevention messages. In addition to the fact that the T.A.T.U. program is proven through nationwide use by the American Lung Association, the ALAI has four years experience in delivering the T.A.T.U. program to youth in Idaho. We have developed strong working relationships with many school districts within the state and have worked with the state health districts that



T.A.T.U. "Train the Trainer" trainings.	X	X										
Order trainer materials and all necessary supplies for T.A.T.U.	X	X										
Develop database of potential adult facilitators.	X	X	X	X	X	X	X	X	X	X		
Promote and recruit adults.		X	X	X	X	X	X	X	X	X	X	X
Adults attend training workshops.			X	X	X		X	X				
Select target schools and student groups utilizing trained adult facilitators.		X	X	X	X	X	X	X	X			
Select sites and dates for teen training workshops.		X	X	X	X		X	X			X	
Recruit teen trainers.			X	X	X	X	X	X	X			
Conduct teen training.			X	X	X	X	X	X	X	X		
Teens prepare and practice presentations.			X	X	X	X	X	X	X	X	X	
T.A.T.U. presentations made to elementary school classes.					X	X	X	X	X	X	X	
Monitor and evaluate teen's presentations.					X	X	X	X	X	X	X	
Complete "test" of high school students previously exposed to T.A.T.U. and not exposed.							X	X	X	X		
Compile evaluation data and reports.						X	X			X	X	X

In addition to the activities detailed in the attached chart, it will be necessary for staff to work with the individual schools, facilitators, and teens on a daily basis. Staff will conduct trainings, facilitate the program implementation, and provide technical assistance, and conduct follow-up and evaluation.

The T.A.T.U. program develops community partnerships with elementary and high schools and networks with teen organizations that are school- and/or community-based within individual school systems. Advancing self-esteem and promoting volunteerism are goals of many established youth programs. The T.A.T.U. program is compatible with both.

The assumption of T.A.T.U. is that it will not be the only initiative a school employs to help prevent tobacco use among elementary school children. Rather, it will be part of an on-going effort to create awareness and knowledge of the harmful effects of tobacco use and to build continuity in developing students' refusal skills.

The T.A.T.U. program utilizes a peer-led teaching model that brings with it several unique benefits for both the elementary school children and the teens involved in the program.

#### Elementary School Children

T.A.T.U. employs a peer teaching model that allows each group of trained teens to develop presentations consisting of a multitude of teaching tools such as short quizzes, skits, role playing, posters, videos, visual props, group discussion, hands-on activities and displays. Using these tools, T.A.T.U. teens are able to keep the attention of the kids, and help guide them away from a potentially lethal addiction to tobacco.

#### Teens

The entire delivery system for T.A.T.U. focuses on preparation of high school students to plan and present a mini-series of lessons against tobacco use to fourth through sixth graders. This process reinforces the decision of T.A.T.U. teens not to smoke and to provide a knowledge-based advocacy for their peers to refrain or become tobacco free.

#### E. Evaluation Plan

The T.A.T.U. program employs a peer-teaching model to teach young people about the dangers of tobacco use. High school and middle school aged youth are trained to develop and deliver an anti-tobacco presentation to younger youth.

In 2007-08 the American Lung Association of Idaho will conduct a benchmark study to determine the effectiveness of T.A.T.U. in reducing susceptibility to taking up tobacco use and increasing anti-tobacco attitudes among teens. The evaluation will look at the effectiveness of T.A.T.U. presentations over the five years of implementation by completing a formal review of past evaluation materials, as well as by creating a "testing" model for those schools that have and have not been engaged. Evaluating retention and utilization of the information presented five years ago will be the aim of a survey to be administered to high-school aged teens in selected schools that have previously been involved in the T.A.T.U. program alongside schools that have

not. Our assumption, of course, is that the T.A.T.U. program does make a positive difference in reducing tobacco usage and increasing anti-tobacco perspectives – and this survey effort will be our first attempt to demonstrate that outcome through comparison data.

In addition to this innovation, the T.A.T.U. program will continue to utilize ongoing evaluation efforts. Pre-post evaluation instruments are used to measure the effectiveness of T.A.T.U. participation on teens' and grade school participants' knowledge and attitudes. Also, an evaluation of each T.A.T.U. team presentation will be made utilizing a standardized evaluation form. The evaluation includes which T.A.T.U. activities and topics were covered, as well as how effective teen role modeling can be in encouraging young children to stay tobacco-free. The results of these evaluations will be compiled into one report at the end of the project. Finally, this project will track the number of teenagers trained as "peer educators" and the number of elementary school students that benefit from "peer educators" presentations.

#### **F. Sustainability**

Community partners are a significant factor in making T.A.T.U. a success. The more community partners there are, the more diversified the population of teens, and therefore, more youth are reached. As a result, our success is dependent on the continuing positive relationships the ALAI enjoys with our partners in the education, healthcare and public administration communities. These ties create access to additional resources in terms of personnel and funding, as well as secure the sustainability of the program statewide.

To support existing T.A.T.U. groups during the 2007-08 grant year we plan to offer T.A.T.U. Mini-Grants, as modeled in the Washington state program. Through this program we will enable our long-term partners to apply for small funding support from the ALAI to encourage follow-up activities and on-site learnings in T.A.T.U. program school systems. To further encourage the professionalism and commitment of our partners, all grant seekers will need to complete an T.A.T.U. Mini-Grant Application, submit a budget, and sign a conflict of interest form. These deepened relationships will enhance sustainability of and commitment to the program.

Perhaps the most significant guarantee of sustainability is the fact that T.A.T.U. is a proven program of the American Lung Association that is gaining momentum nationwide as many states consider going smoke-free and as smoking becomes less popular as a social activity. It is a program that needs funding, and – like Idaho – most other states fund it through grants that come from the state Tobacco Settlement dollars. Since T.A.T.U. is a free service to the schools, and to the elementary and teen students who participate, we do not anticipate that this project will become self-supporting. While small funding may be available through one-time project grants and we will become more active in our pursuit of these opportunities to continue to grow this important program, we believe that continued funding from Tobacco Settlement monies will be necessary to sustain the program in Idaho.

**III. Budget**

<b><u>Expense Categories</u></b>	<b><u>Budget</u></b>
Personnel	\$ 34,250
Fringe Benefits	\$ 9,240
Staff Travel-Per Diem	\$ 8,250
Supplies	\$ 10,600
Mini Grants	\$ 7,500
Occupancy	\$ 9,000
Other	\$ 3,300
<b>Total Request</b>	<b>\$ 82,140</b>
<b>In-Kind</b>	<b>\$ 29,000</b>
<b>Cash Match</b>	<b>\$ 19,125</b>
<b>Total Project Cost</b>	<b>\$ 130,265</b>

**Personnel: \$34,250**

Tobacco Education Coordinator	100% (1 year)	\$28,000
Contract Support – marketing, communications, education materials	125 hrs @ \$50/hr	\$6,250

**Fringe Benefits: \$9,240**

FICA, Medicare, Workers Comp., Unemployment, LT Disability, Life/ADD, Health, Dental, Retirement	\$9,240
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**Cash Match****Personnel & Fringe Benefits: \$19,125**

Lung Health Coordinator	25% (1 year)	\$12,025 cash match
Project Secretary	25% (1 year)	\$ 7,100 cash match

**In-Kind****Volunteers: \$29,000**

Teens	300@ 10 hrs ea x \$7/hr	\$21,000 in kind
T.A.T.U. Adults	40 @ 20 hrs ea x \$10/hr	\$ 8,000 in kind

**Staff Travel/Per Diem: \$8,250**

In-state travel for Program Associate, Tobacco Education Coordinator, includes mileage and

airfare, lodging and meals to rural areas \$8,250.

**Postage & Supplies: \$10,600**

- T.A.T.U. Teen Guides for Teen Teachers (100@\$10) \$1,000.
- T.A.T.U. Teen Guides for Adult Facilitators (40@\$35) \$1,400.
- Resource Materials Kit (tar jars, chemical buckets, pig lungs, and supplies necessary for classroom presentations) \$300/kit x 6 = \$1,800
- Handouts for Students – \$800
- Incentives
  - For elementary students (.50 cents/student) \$4,000
  - For teens – \$800
  - For adult facilitators – \$300
- Postage and shipping – \$500

**Mini-Grants \$7,500**

Fourteen (14) T.A.T.U. Mini-Grants awards will not exceed \$500 for any one T.A.T.U. group.

**Occupancy: \$9,000**

A portion of the occupancy related costs for the American Lung Association of Idaho will be charged to this program, expenses were calculated as follows: (\$24,000 divided by 4.0) x 1.5 = \$9,000 (1.5 FTE's of 4.0 FTE's in office devoted to projects). These expenses include Rent, Utilities, Insurance, and Phone Services for the Boise office.

**Other Expenses: \$3,300**

Promotional and marketing materials (including videos, posters, and brochures) – \$750

Training costs for Teens, including site rental and food – \$2,550